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| SCC eFile | 2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 212541662 | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: SAGAMORE INSURANCE COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: IN</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2012</p> <p>SCC ID NO: F1199332</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>25,000</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | COMMON | 25,000 |
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| COMMON | 25,000 | | | | | |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1099 NORTH MERIDIAN ST. SUITE 700</p> <p style="text-align: center;">CITY/ST/ZIP: INDIANAPOLIS, IN 46204</p> | | | | | | |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p> | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOSEPH J. DEVITO TITLE: PRESIDENT ADDRESS: 1099 NORTH MERIDIAN STREET SUITE 700 CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: JOSEPH J. DEVITO TITLE: PRESIDENT ADDRESS: 1099 NORTH MERIDIAN STREET SUITE 700 CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204 | <input checked="" type="checkbox"/> | OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | RODGER ANTHONY COTTRELL VICE PRESIDENT 1099 NORTH MERIDIAN ST. INDIANAPOLIS, IN 46204 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JAMES D. ISHAM VICE PRESIDENT 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JENNIE L. LAREAU VICE PRESIDENT 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JOHN E. MITCHELL VICE PRESIDENT 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | CRAIG C MORFAS VICE PRESIDENT 1099 NORTH MERIDIAN ST INDIANAPOLIS, IN 46204 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | THOMAS WESLEY THOMPSON TREAS/VP 1099 NORTH MERIDIAN ST. INDIANAPOLIS, IN 46204 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MICHAEL JAMES CASE GEN COUN/SEC 1099 N MERIDIAN ST INDIANAPOLIS, IN 46204 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | RON GOSHEN ASST TREASURER 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | STACY RENZ VICE PRESIDENT 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ CRAIG C MORFAS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | CRAIG C MORFAS, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE | 10/29/2012 DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |